PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

01/30/2004

Joseph C Redmond Jr Esq Morgan & Finnegan LLP 345 Park Avenue New York, NY 10154-0053



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
00/503 076	06/13/2000	Barry F Willner	BOC9-1999-0075/1963-7376	7107

TITLE OF INVENTION: LASER SYSTEM AND METHOD OF OPERATION HAVING IMPROVED SIGNAL CONTINUITY AND SAFETY

APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE nonprovisional NO \$1330 \$0 \$1330 \$0.4/30/ EXAMINER ART UNIT CLASS-SUBCLASS RODRIGUEZ, ARMANDO 2828 372-038100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ACChange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. M "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an as been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Please check the appropriate assignee category or categories (will not be printed on the patent); Individual Corporation or other private group entity of the patent of the fee(s) is enclosed. Please check the appropriate assignee category or categories (will not be printed on the patent); Individual Corporation or other private group entity of the patent of the fee(s) is enclosed. Playment of Fee(s): A check in the amount of the fee(s) is enclosed. Playment by credit card. Form PTO-2038 is attached.	2004
EXAMINER RODRIGUEZ, ARMANDO 2828 372-038100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The chadge of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The chadge of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an asbeen previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Armonk, New York Corporation Please check the appropriate assignee category or categories (will not be printed on the patent); aidividual corporation or other private group entity of the patent of the fee(s) is enclosed.	egan. L
RODRIGUEZ, ARMANDO 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an asbeen previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Please check the appropriate assignee category or categories (will not be printed on the patent); 4b. Payment of Fee(s): 2 Isour printing on the patent attorneys or a geistered patent attorneys or agents. If no name is listed, no name agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name is listed, no name agent attorneys or agents. If no name attorneys or agents. If no	,
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignee previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Please check the appropriate assignee category or categories (will not be printed on the patent); 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.	,
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an asbeen previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity of the fee(s) is enclosed.	,
Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.	signment has
Advance Order - # of Copies	government
Director for tatents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Authorized Signature) Lohn E. Hoel, Peg. No. 26,279 03/09/04 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.